

FILED JAN 8 1941

State File No. _____

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 2465

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
641 SUNNYSIDE AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 YRS. 2
years, months or days

3. (a) PRINT FULL NAME CARROLL BOLVIE MCGEE

3. (b) If veteran, name war NO. 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LORA MARY MCGEE 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased NOV-11-1886
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace WALSH ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation DENTIST

11. Industry or business _____

12. Name ELIJAH SEAMON MCGEE

13. Birthplace POPE-COUNTY ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name FRANCES MELLISA WILSON

15. Birthplace OAK RIDGE MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. McGee Jones

(b) Address 32 S Elm

17. (a) BURIAL (b) Date thereof DEC.-30-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL

18. (a) Signature of funeral director Parker Underwood

(b) Address WEBSTER GROVES, MO.

19. (a) DEC 29 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 641 SUNNYSIDE AVE.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27 day Dec
year 1940 hour 10:45 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Occlusion 11 Mo.

Due to Cardiovascular

Due to Renal disease

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 131

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Webster Groves Date signed 12/29/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Ed Aldrich

Licensed Embalmer No. *1332*

P. O. Address *Webster Groves Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.